

Medi-Cal Program

The mail-in application for the Healthy Families and Medi-Cal Programs is only for children under 19 and pregnant women. If a pregnant woman uses this application to apply for no-cost Medi-Cal, she will be applying for pregnancy-only coverage, not full scope coverage. All other potentially eligible persons may still receive Medi-Cal by applying at their county Department of Social Services.

Medi-Cal is a California program that pays for medically necessary health and mental health services for many low-income people. Unfortunately, not everyone who has a low income or who needs health care will qualify for Medi-Cal. It is possible to have both Medi-Cal and private health insurance.

Eligibility

CAAs should make parents aware that they may also be eligible for no-cost Medi-Cal and can apply at their local Medi-Cal office. The following person(s) may be eligible for Medi-Cal

- Children under age 21
- People age 65 and over
- People who are disabled (Social Security or Disability Evaluation Branch criteria), blind, or pregnant
- Families where at least one child is under 21 and one parent is absent, deceased, disabled, incapacitated (30 days as certified by a doctor), or working less than 100 hours per month
- Two-parent families with gross earned income at or below 100% of the Federal Income Guidelines (FIGs), even if they work more than 100 hours

Medi-Cal is available automatically to anyone who receives

- Cal WORKs
- Supplemental Security Income and State Supplemental Program (SSI/SSP)
- Entrant or Refugee Cash Assistance (ECA or RCA)
- In-Home Supportive Services (IHSS)

Summary of Benefits

Full benefits under no-cost Medi-Cal include

- Coverage for medically necessary hospitalization
- Physician, medical, and surgical services
- Inpatient and outpatient services
- Immunizations
- Prescription Drugs
- Well-child care services
- Family planning services
- Mental health services
- Occupational, physical, and speech therapies

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- Laboratory and x-ray services
 - Preventive health care exams
 - Dental benefits, including preventive and diagnostic services
 - Vision benefits, including annual exams and eyeglasses

Confidential Services For Minors

Minors seeking confidential services for themselves only may be eligible to receive such services through a separate Medi-Cal program. Minors requesting confidential services are not part of the Healthy Families Program/Medi-Cal Outreach and Education campaign and any subsequent eligibility will not result in application assistance reimbursement. Such minors should not apply for confidential services using the joint Healthy Families and Medi-Cal application or Health-e-App. If a CAA encounters a minor who requests confidential services, they should instruct the minor to apply directly with their local county Department of Social Services.

Changes to Medi-Cal

Changes to Medi-Cal made in 1998 help more children and pregnant women qualify for no-cost Medi-Cal. For children and pregnant women who meet the income requirements, property is no longer counted, which is called Property Disregard, and the mail-in application is available for ease of access. Applicants can still ask to meet with an eligibility worker at the county Department of Social Services. If the family income goes up or the family size changes, the family may have a share-of-cost.

Recent changes in Medi-Cal have

- Eliminated the quarterly status report
- Implemented continuous eligibility for children
- Eliminated the face-to-face interview requirement
- Introduced a mail-in application
- Accelerated Enrollment in No-Cost Medi-Cal for Children

Mail-In Application Eligibility Requirements

- Pregnant women (for pregnancy related services only)
- Children up to age 19
- California residents
- Family income must be at or below certain income limits

NOTE: For Medi-Cal, immigration status only affects level of benefits. Any immigrant who meets all eligibility requirements is eligible for full or restricted benefits, depending upon his or her alien status.

What is Share-of-Cost (SOC) and How Is It Calculated?

A share-of-cost is like a health insurance deduction or co-pay. It is not an insurance premium that must be paid every month. If a beneficiary does not have medical expenses during the month, the beneficiary does not need to meet his/her share-of-cost for that month. However, if a beneficiary has medical services and would like Medi-Cal to pay for them, the share-of-cost amount must first be met in that month before Medi-Cal will pay for the service(s). A SOC must be made only in those months in which services are needed. The beneficiary needs to keep his/her permanent Benefits Identification Card (BIC) in case of a future need for medical services.

The amount of the SOC depends upon a person or family's monthly income. The SOC is determined by subtracting certain exemptions and deductions from the person's or family's gross monthly income. Then an additional amount for living expenses (called a "maintenance need") is subtracted. The remaining is the share-of-cost.

In some families, the income of one person cannot be used to determine if another person has a SOC. For example, income of a child cannot be used to decide if a brother or sister, parent, stepparent, or caretaker relative has a share-of-cost. Income of a stepparent cannot be used to determine if a stepchild has a SOC.

How Does a Beneficiary Meet His/Her Share-of-Cost?

A beneficiary meets his/her SOC for a current month by showing the provider that he/she has paid, or is obligated to pay, for their medical expenses in an amount of money equal to their SOC. The SOC is paid to the medical provider or pharmacist.

When a person with a SOC goes to a Medi-Cal provider, he/she should present a Benefits Identification Card (BIC). The provider uses the BIC data to access the Medi-Cal host computer and obtains information about the SOC. The provider will forward the amount of SOC paid or is obligated to be paid, to the State host computer. The State record will immediately update the SOC so that subsequent providers will know if any SOC remains. When a beneficiary has met his/her share-of-cost, any provider who accesses the State host computer will receive a message that the share-of-cost has been met for the month.

Can A Person Have Other Health Coverage (Healthy Families) and Medi-Cal?

A person on Medi-Cal can also have other health insurance coverage, like Blue Cross or Kaiser. A person with other health coverage will often keep Medi-Cal in order to cover services that are not within the scope of his/her plan. For instance, a person may have Kaiser for medical services and use Medi-Cal for dental benefits.

When the beneficiary has a Medi-Cal SOC and other health coverage (for example, Healthy Families), the provider is required to first bill the other health coverage and then bill the beneficiary for his/her SOC before billing any remaining balance to the Medi-Cal program.

Confidentiality, Rights, Responsibilities, and Declarations

On page 7 of the application, several issues about confidentiality, beneficiary rights and responsibilities, and declarations are covered in detail. The assistant is not expected to cover all sections with the applicant. Page 7 of the application is summarized below with short statements for assistants to use when asked a general question about the content. When the applicant has specific questions about the information listed on these pages, he or she should contact the local county Department of Social Services.

Confidentiality Notice

You will be required to provide information to qualify for Medi-Cal benefits. This section reviews the different agencies that will be using the information you provide.

I HAVE THE RIGHT TO

This section outlines your rights as a Medi-Cal applicant. It covers such items as your right to ask for an interpreter or to be told about all Medi-Cal program choices.

I HAVE THE RESPONSIBILITY TO

Applicants have the responsibility to report any changes to their residential or mailing address, telephone number (home or work), household size (someone moves in or out), income, immigration status, or health insurance. Applicants also have the responsibility to report starting a new job, ending a job, or beginning to receive health insurance through employment.

I DECLARE THAT EACH PERSON I AM APPLYING FOR

This section outlines declarations about the person applying for Medi-Cal. It covers such items as the person living in California and not receiving public assistance from outside California.

I FURTHER DECLARE THAT

This section outlines additional declarations for that applicant. It covers items such as the right to apply for other programs if you're not eligible for Medi-Cal, and that giving false or incomplete information can result in denial of benefits and repayment of benefits received.

Medical Support Enforcement Program

The purpose of the Medical Support Enforcement Program is to reduce Medi-Cal costs by making sure that absent parents are made responsible for their dependent child(ren)'s medical care. This occurs through referrals to county District Attorneys for medical support.

Referrals for medical support will be made when the absent or unmarried parent is not providing medical insurance for any child under 18 listed on the application who is requesting Medi-Cal.

The applicant is asked to fill out two forms. The county Medi-Cal office will mail the form to the applicant. Eligibility of the child can be established before the county has received the completed forms (CA2.1Q and CA2.1).

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- **The Support Questionnaire (CA2.1Q):** The applicant completes all sections of the form. The form must be signed and dated.
 - **The Notice and Agreement (CA2.1):** Under the “Agreement” section of the form, the applicant checks a box to indicate agreement or refusal to complete the referral. The form must be signed and dated. It is not required that these forms be mailed with the completed application, but the county eligibility worker may request them.

What Will Happen if the Applicant Refuses to Complete the Forms or Assign Support Rights or They Refuse to Cooperate in the Support Enforcement Process Without Good Cause?

- The children may still be able to get Medi-Cal benefits
- If the parent were to apply for Medi-Cal benefits, that parent would be ineligible for Medi-Cal benefits

NOTE: There may be a good reason for refusal to cooperate. The reasons can be discussed with the county Department of Social Services.

How Does the Medical Support Enforcement Program Benefit the Applicant or Child?

Medical Support Enforcement will possibly aid the family by obtaining medical benefits from the absent parent.

What Will the CAA Be Required to Do?

Certified Application Assistants (CAAs) are not required to have the applicant complete these forms or to have these forms available. The CAA should let the applicant know that they will receive these forms in the mail. The CAA can also help by explaining how the family will benefit from Medical Support Enforcement.

What Will the Applicant be Required to Do?

To complete the Medical Support Enforcement Program process, the applicant must

1. Assign to the State any medical support rights for the applicant and children for whom applicant is legally responsible by signing the Medi-Cal application
2. Cooperate in identifying and locating the absent parent
3. Cooperate in establishing paternity for a child born out of wedlock for whom Medi-Cal is requested
4. Cooperate and provide information for obtaining medical support or payments from any third party
5. Complete the Child Support Questionnaire (Form CA 2.1Q) and the Notice and Agreement (Form CA2.1)

Pregnant Women: What About Medical Support Referrals for the Absent or Unmarried Parent of an Unborn Child?

Medical support referrals will NOT be made on the absent/unmarried parent of an unborn child until 60 days after the baby is born.

If the absent or unmarried parent of the unborn child has other children listed on the Medi-Cal application, a medical support referral for these children will NOT be made until 60 days after the baby is born (to the pregnant caretaker parent).

What if a Pregnant Caretaker Parent has Other Eligible Children with a Different Absent Parent than for the Unborn?

A medical support referral will NOT be made on the children of the absent or unmarried parent(s) until 60 days after the baby is born.

What if a Child is Currently Covered by an Employer-Sponsored Health Plan?

If the absent parent is providing medical insurance coverage for the child, no medical support referral is necessary.

What About Medical Support Enforcement for “Adult” Children 14-18 Years of Age?

Medi-Cal defines adult children, as persons 14-18 years of age who are not living in the home of a parent or caretaker relative and who do not have a parent, caretaker relative, or legal guardian handling any of their financial affairs. Medical support enforcement does apply to adult children even if they are pregnant. If they do not want to provide the information about their parents on the forms, they can request Minor Consent Services.

What About Undocumented Immigrants?

- If the caretaker parent is undocumented and his or her children are also undocumented, no medical support referral will be made
- If the caretaker parent is undocumented and the children are citizens or have satisfactory immigration status, a medical support referral will be made

No Medical Support Referral is Required if

- The applicant is filing for retroactive Medi-Cal only
- The absent parent is incarcerated or institutionalized
- The absent parent is already providing health insurance
- The absent parent(s) is deceased, and there is sufficient substantiation of the fact that the absent parent(s) is deceased
- The applicant is applying for Minor Consent Services

Immigration Status– Medi-Cal Program

There are many categories of satisfactory immigration status for the children or pregnant woman to receive full coverage benefits. Pregnancy coverage under Medi-Cal is available regardless of the pregnant woman's immigration status.

If the child(ren) or pregnant woman is not a U.S. Citizen or National (answered "no" to Question #25), the following is a list of satisfactory immigration statuses for full-coverage Medi-Cal

- Lawful Permanent Resident (LPR), a person legally admitted into the U.S.
- An alien who is granted conditional entry
- An alien paroled in the U.S. for at least one year
- An alien (or the alien's child or parent) who has been battered or subject to extreme cruelty in the U.S.
- An alien granted asylum
- An alien admitted to U.S. as a refugee
- An alien whose deportation is being withheld
- An alien who is a Cuban/Haitian entrant
- An alien who is lawfully residing in the U.S. and is a veteran; or who is on full-time active duty (other than for training) in the Army, Navy, Air Force, Marine Corps or Coast Guard; or the spouse or unmarried dependent child or unmarried surviving spouse of the aforementioned
- An alien admitted to the U.S. as an Amerasian
- An amnesty alien
- Permanently Residing in the U.S. Under Color of Law (PRUCOL)
- An alien subject to an Order of Supervision
- An alien granted an indefinite voluntary departure
- An alien on whose behalf an Immediate Relative Petition (INS Form I-130) has been approved and who is entitled to voluntary departure
- An alien who has properly filed an application for lawful permanent resident status
- An alien granted a stay of deportation for a specific period
- An alien granted voluntary departure who is awaiting issuance of a visa
- An alien in deferred action status
- An alien who entered and has continuously resided in the U.S. since before January 1, 1972, who would be eligible for an adjustment of status to lawful permanent resident (eligible as a Registry alien)
- An alien granted a suspension of deportation whose departure INS does not contemplate enforcing

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- An alien, not in one of the above categories, who can show that (1) the INS knows he/she is in the U.S. and (2) the INS does not intend to deport him/her, either because of the person's status category or individual circumstances

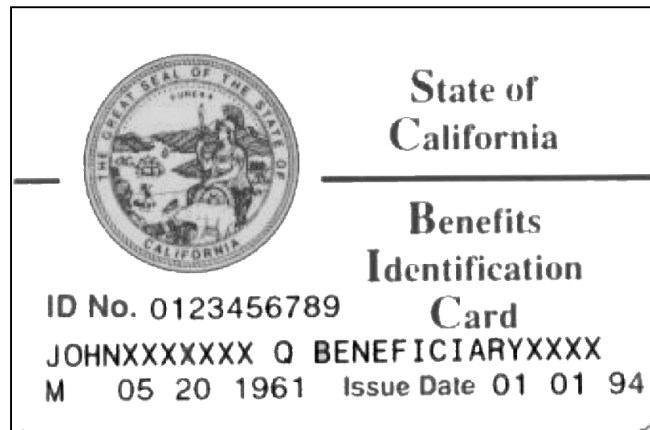
Medi-Cal Annual Redetermination

Every 12 months, the Medi-Cal Program will re-determine a beneficiary's eligibility. This date is determined from the initial month of the Medi-Cal application.

At least 45 days before the 12-month period is over, the county Medi-Cal Program will mail a packet to the family with information and forms to complete for re-determination. The family is to complete the forms, send in the income documentation, and the county will evaluate the income and family size. The packet will contain a letter with the county representative's name and telephone number so that a family may contact them with questions. If a CAA assists a family with completion of the annual re-determination form, they will not receive reimbursement.

If it is determined during the annual redetermination that the child(ren) has share-of-cost (SOC) Medi-Cal, the county will send a Notice of Action (NOA) to the family informing them of the SOC and that their application was forwarded to the HFP. The child(ren) with the SOC will also be granted one additional month of no-cost Medi-Cal while their application is being forwarded to the HFP. This is called the Medi-Cal to HFP Bridging Program. When HFP receives the Medi-Cal application they will send the family a missing information letter to request the additional information (e.g., ESI within the past 3 months, plan selections, etc.) to make the application complete for the HFP.

Recipient Information



Accelerated Enrollment (AE) gives children immediate, temporary, fee-for-service, full-scope, no-cost Medi-Cal coverage, while the county decides if they are eligible for full scope no-cost Medi-Cal. Children can get accelerated enrollment if they meet the requirements and are 18-years old or younger and it appears they may be eligible for Medi-Cal based on the initial screening. Children that appear to be eligible for the Healthy Families Program will not receive accelerated enrollment. Accelerated enrollment starts on the first day of the month that the child's joint Medi-Cal/Healthy Families application is received at the "Single Point of Entry." If provided AE, the child will receive a BIC (Benefits Identification Card) in the mail. AE continues until the county determines whether the child is eligible to receive regular full scope no-cost Medi-Cal. AE provides all of the benefits under no-cost Medi-Cal. This includes visits to the doctor, medication, visits to the dentist, physical therapy, shots and lab tests.

Recipient Information

Information on face of card

- Recipient ID Number
OR
- Client Index Number (CIN)
 - 9NNNNNNNAN
 - Begins with "9"
 - 7 Numeric digits
 - Ends with alpha character other than: B, I, J, K, L, O, P, Q, R, Z
 - Last digit is a check digit
- Name of Recipient
- Gender
 - M-Male
 - F-Female
- Birth date (MMDDCCYY)

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- Date of Issue (MMDDYY)
 - Date card was issued to recipient

Medi-Cal

